

PATENT NUMBER

<p>O.I.P.E.</p> <p>3 <i>IA</i></p> <p>SCANNED <i>IA</i> Q.A. <i>SET</i></p>	<p>PATENT DATE</p>
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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			NOTICE OF ALLOWANCE MAILED _____	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)			ISSUE FEE Amount Due Date Paid	
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